

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35361

State File No. ....

Registrar's No. 96

Registration District No. 337

Primary Registration District No. 4499

1. PLACE OF DEATH:

(a) County Shelby Co.  
(b) City or town Shelbina, Mo.  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice M. Swinney

3. (b) If veteran, name war. X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife E. D. Swinney 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased June 1st, 1863 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 4 20 hr. min.

9. Birthplace Clinton Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Same

MOTHER FATHER { 12. Name Solon Moran  
13. Birthplace Madison Co. Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Winifred Marten  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Thrasher

(b) Address Bethel, Missouri

17. (a) Burial (b) Date thereof 10-24-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh cemetery

18. (a) Signature of funeral director William A. Buckelue

(b) Address Shelbina, Missouri

19. (a) Nov 3-43 (b) Madge Joch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Shelbina, Missouri (If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 9 1943, to Oct 21 1943; that I last saw her alive on Oct 19 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver Duration 1 yr.

Due to .....

Due to .....

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations 46 f

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (e) Means of injury 2

23. Signature A. L. Caldwell (M.D. or other) 80

Address Shelbina, Mo. Date signed Oct 28

RECEIVED

District Health Officer No. 10

District File Number 11-43-1725

NOV 5 1943

Date Filed NOV 5 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Ellen H. H. H. H.*

Licensed Embalmer No. 3498

P. O. Address Helena - MT

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.